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Little Hoover Commission's Public Hearing

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Testimony Outline

Youth AOD Treatment Services in Contra Costa County

BY
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Purpose: To address the Commission's questions using the example of Contra Costa County's Youth, Family and Community System of Care, a service component of the Alcohol and Other Drugs Services Division System of Care.

Background

In 1997 the Contra Costa County Alcohol and Other Drugs Services Division "AOD Problems Index" included a series of indicators directly related to substance abuse, its impact on youth lives and the county's budget. Publicly funded treatment data depicted in the Index showed that only (1.3%) of youth less than 19 years of age were involved in AOD treatment.

The County Board of Supervisors directed the Division to conduct an evaluation of alcohol and drug treatment programs for youth under the guidance of the Alcohol and Other Drugs Advisory Board. An Ad Hoc Committee was formed to provide oversight for the study, and based on findings, to develop recommendations.

Findings from the study estimated that between 500 and 800 youth needed publicly funded alcohol and drug treatment in Contra Costa County. The study also suggested that once identified, few youth were referred to treatment, and although 59% of youth clients completed or left treatment with satisfactory progress many people believe that treatment doesn't work. The Youth Study conducted over sixty "expert interviews" representing schools, police, probation, mental health, the courts, social services, youth clients and their families, youth and parents in recovery. Their responses suggested that systems serving youth that use or abuse alcohol and other drugs define the problem differently, thus, each system proposes different solutions to the AOD problem. With few exceptions, each of the youth systems interviewed for the study, including our own providers, also tended to work independently from each other developing parallel rather than complementary and integrated approaches to address the problem of youth AOD use and abuse.

The Contra Costa County Youth, Family and Community System of Care

The documents in your hands, "The Study of Access and Utilization of Youth AOD Treatment" and the report to the Contra Costa County Board of Supervisor's Family and Human Services Committee submitted last Monday April 22nd 2002, describe the rationale and strategies used to design a System of Care responsive to youth in Contra Costa County and provides youth client data for FY 2000-2001 and the first six month of FY 2001-2002.

I will try to respond to questions raised by your study of substance abuse treatment with examples specific to the Contra Costa County youth system of care, and as such, I need to state our approach to alcohol, tobacco and other drugs use and abuse problem, a philosophy shared by those that work in the field and those of us impacted by the disease of addiction.

The Alcohol and Other Drugs Services Division mission is to advocate for alcohol and drug free communities by promoting individual and family responsibility, hope and self-sufficiency. The Division operates and contracts for services through a community-based continuum of care that stresses accountability and outcomes, is culturally competent and client driven (Appendix #1 in Board of Supervisor's Family and Human Services Committee Report).

The recommendations generated by the Youth Study constitute the core elements of the Division's Youth, Family and Community System of Care, a youth driven, family centered continuum of community-based prevention, treatment and recovery services designed to assist communities, families and individuals to reduce and prevent substance abuse; discourage youth access and use of alcohol, tobacco and other drugs; and encourage communities to change conditions that contribute to substance abuse related problems and discourage recovery.

The central notion underlying the Youth and Family System of Care supports the Contra Costa County Health Services Department and the Children and Family Services Budget service goals to get "Children ready for and succeeding in school" and to promote "Communities that are safe and provide high quality of life for children and families". The assumption behind these goals is that family; schools and neighborhoods affect a child's behavior and are the best predictors of pro-social, healthy behaviors[1].

Much to our credit in Contra Costa County, the "Study of Youth Access and Utilization of AOD Treatment Services" conducted in 1998 identified and addressed barriers to youth AOD treatment at the same time that California Assembly Bill 1784 (Baca Bill) passed to enact the Adolescent Alcohol and Drug Treatment and Recovery Program Act. Approximately a $5 million annual allocation was designated

[1] Malignant Neglect: Substance Abuse and America's Schools A Study of The National Center of Addiction and Substance Abuse at Columbia University: New York: September 2001

to support comprehensive AOD treatment for adolescents in California. Still, the small allocation of dollars, $300,000 a year and the limited available treatment capacity is not enough to serve the need, much less, develop a comprehensive system of care able to meet the needs of youth experiencing AOD problems.

Achievements

The Youth Study recommendations that have been successfully implemented are listed below:

1. **Increase the number of youth with AOD problems that are identified and referred to treatment**. For example, during FY 98-99 the Strengthening Youth and Family strategy for early identification and referral was expanded and the design refined to include standardized screening, a behavioral contract, an evaluation component to determine need for referral to treatment or linkages with other prevention services. In 98-99 there is a slight jump in the number of youth treatment clients, from 101 in FY 97-98 to 134. The trend continues with 258 in FY 99-00, 276 in FY 00-01, 434 in 01-02 and 244 during the first six months of the current fiscal year. Please note that the West County Juvenile Drug Court clients are not included in this sample.

2. **Implement use of a standardized AOD Youth Assessment to determine appropriate level of AOD treatment and referrals to other youth services.** The Division provided training on the Comprehensive Adolescent Severity Index Assessment to all the Youth and Family System of Care providers. Programs funded to implement the Youth and Family AOD treatment model were required to use this tool. Only two of the providers achieved adequate level of proficiency and consistently use the CASI to develop treatment plans and measure progress. Currently the Division is in the first stages of implementing the Assessment Severity Inventory electronic version.

3. **Expand and implement the Youth and Family AOD treatment model**. Overall, given the level of funding, expansion and implementation of the model is more a result of collaborative partnerships with Probation, Mental Health, and the County Office of Education Community schools, than anything else. The Division's Management Information Systems provide client and service delivery data that allows monitoring of service activities, retention rates, staff productivity, etc. that are linked to payment demands. This information has been instrumental in negotiating fee rates, levels of service and performance standards that are cost effective and support a more equitable distribution of existing funds. The ability to compare programs within the parameters of prevention best practices and a youth treatment design has improved articulation of the logic and assumptions behind service activities and raised the quality of service delivery. For example, shifting primary prevention services to serve high risk youth and families is a successful strategy to identify and refer

clients to treatment; reallocation of staff and services to high risk environments rather than clinic sites promotes systems collaboration and in kind contributions. More importantly, this is an opportunity for multidisciplinary teams to recognize that sharing different perspectives provide them with alternative ways of tackling problems.

4. **Advocate for increase funding to expand capacity of Youth and Family AOD treatment model**. It is important to recognize that the provision of substance abuse services through publicly funded programs addresses the needs of persons that require but cannot afford services. Prevention and treatment services ameliorate the public and individual consequences of substance abuse problems that are not treated or addressed as public health risks[2], reduce public costs and the recurrence of crime. Given that understanding the one-time only allocation of $300,000 from the County general funds to support the expansion of AOD treatment last year was a recognition on the part of the Board of Supervisors that the need to invest in youth is now rather later. The achievement in this case is the leadership of the Alcohol and Other Drugs Advisory Board and the Partners in Recovery Alliance, the voices and faces of recovery that testify in front of elected officials in behalf of – children, youth, families and communities free of alcohol and other drug problems.

5. **Contra Costa County youth seeking recovery and changing lives**. The characteristics of youth clients served in FY 00-01 and during the first six months of FY 01-02 illustrate the fact that access to care is the first step in the recovery process (Appendix #4 in Board of Supervisor's Family and Human Services Committee Report). We have yet to develop measurements to capture the process of change and the outcomes of health but the possibilities of creating relationships with counselors, people in recovery that choose to work in the field of substance abuse and the celebration of recovery is in itself an achievement of the young people that are behind the cold façade of data analysis.

Youth AOD Treatment

Elected officials and government organizations should be reminded that the lack of legislation and funding for substance abuse treatment for youth mirrors an under funded system of care for adults, particularly women and children impacted by the disease of addiction.

Those working in the field of substance abuse have a responsibility to educate the public about the fact that children and youth with substance abuse issues or impacted by addiction in the family are primarily identified and "treated" through the juvenile justice, child welfare, mental health and educational systems. The odds

2 Assessment of Treatment: Effectiveness, Capacity & Cost Savings. Prepared for: The Urban Coalition of County Drug & Alcohol Administrators by EMT Group: Folsom, CA – July 1998

to enter publicly funded treatment are more favorable to youth that commit crimes than for those that don't. Health care funding priorities very much reflect the way in which the United States definition of addiction is focused "…on personal difficulties and deficiencies (e.g., emotional problems, physical or learning disabilities)".[3] This county has some of the world's best "problem-oriented" youth organizations –- group homes, run away shelters, school and detention based mental health services-- but our way of dealing with "a large core of young people alienated from the mainstream culture and economy" is to emphasize delinquency, deviancy and pathology rather than promoting youth development, interpersonal relationships, employment skills, democratic involvement and contributions to the community.[4]

I visit detention centers in Contra Costa County and the majority of children are people of color; these are the ones that use and get caught, the ones that live in communities infected by drugs and alcohol outlets, the ones that play in neighborhoods were a bottle of vodka is easier to get than a carton of milk, were schools don't have money for books but drug dealers thrive and students pass out in class. These children hope to live to be 18 and pack a gun to school for protection.

The insignificant amount of dollars allocated to youth AOD treatment is not enough to respond to the public health epidemic of youth substance abuse[5] portrayed in the research studies cited in this report --"Substance Abuse and The American Adolescent" (1977), "No Safe Haven: Children of Substance Abusing Parents" (1999), and "Malignant Neglect: Substance Abuse and America's Schools" (2001). There is a contradiction inherent in the significant disparity between prevalence and magnitude of the youth AOD problem depicted in these studies, the status of publicly funded youth AOD treatment services, and the dollar amount intended to fund development and expansion of youth AOD treatment and recovery services in the United States.

"The Nation's Number One Health Problem" a Robert Wood Johnson Foundation document[6] also substantiates the rationale behind our approach to the AOD problem and the logic of our recommendations.

1. Alcohol & Tobacco are Illegal Drugs for Youth and Drugs of Choice for Adults

- Alcohol is the most commonly used drug among young people and the one listed most often as the primary drug of abuse among those in substance abuse treatment[7]. Alcohol is more likely to be involved in crimes against people than

3 Chapter IV "Thoughts for the United States" in Community-Based Youth Services in International Perspective p.27
4 ibid 3 Pp.34
5 "Alcoholism is a Disease, Not a Rite of Passage" Press Release from the National Council on Alcoholism and Drug Dependence, Inc., New York: April 11, 2002
6 Substance Abuse: The Nation's Number One Health Problem: Key Indicators of Policy Update February 2001, Prepared by the Schneider Institute foe Health Policy, Brandeis University for the RWJ Foundation
7 ibid 5 pp.9

property. In about one-half to two-thirds of homicides and serious assaults, alcohol is present in the offender, the victim or both. Alcohol is often involved in rape and other sexual assaults[8]

- When it comes to illicit drugs, marijuana use rose among youth in grades 8,10 and 12 from the early 1990s to the mid-1990s and although rates have declined, there is a recent sharp increase in ecstasy use among teens and an increase in hallucinogen and heroin use among those under age 26[9].

- Contra Costa County youth treatment data for fiscal year 00-01 show that of 434 clients marijuana is the primary drug of use (65.2%) with 24% using alcohol, 7.4% amphetamine, 1.6% cocaine, 0.5% heroin and 1.6% "other" (ecstasy, prescription drugs, etc.). For the same period the West County Juvenile Drug Court treatment data for 40 clients show that 65% use marijuana, 20% amphetamine and 15% alcohol. For the period July 1st through December 31st 2001 the primary AOD problem among 244 clients is once again marijuana (63.5%) followed by 24.6% alcohol, 9.8% amphetamine, 0.8% heroin, 0.8% cocaine, and 0.4 "other".

2. Perception of Risk, Age of First Use and Age of Admission to AOD Treatment

- Perception of risk and age of first use are powerful predictors of later alcohol and drug problems, especially if use begins before age 15[10].

- Research studies suggest that perception of potential harm from use of substances and "generational forgetting" among young people that have not seen the dangerous consequence of drug use of the cohort that preceded their generation contribute to the increase in substance use of youth[11].

- Research also suggests that significant changes in drug awareness take place between ages 12 and 13. Thirteen-year-olds are three times as likely to know how to obtain marijuana or to know someone who uses illicit drugs than are 12-year-olds[12].

- The rising prevalence of marijuana use during the first half of the 1990s was driven by the increasing rate of new use among youths age 12 to 17. The same applies to an upward trend in the rate of new cocaine and heroin users among the 12 to 17-year-old age group between 1990 and 1997[13].

8 ibid 5 pp. 66
9 ibid 5 pp.14
10 ibid 5 pp.14
11 ibid 5 pp.24
12 ibid 5 pp.28
13 ibid 5 pp.28, 29

- Contra Costa County youth treatment data for fiscal year 00-01 show that out of 434 clients 31.70% age of first use was 12 years of age or younger followed by 27% that began using at 13 years of age; 18.4% at 14; 13.4% at 15; and 9.8% at 15 years of age or older. For the period July 1st through December 31st 2001 age of first use for 244 clients show that 22% began using at 12 years of age or younger; 20.5% at 13; 22.1% at 14; 18.9% at 15; and 14.7% at 15 years of age or older. Above numbers do not include the West County Juvenile Drug Court client data.

- In Contra Costa County youth treatment data for fiscal year 2000-2001 shows that of 434 clients only 25.1% were admitted at age 15 or younger as compared to 74.9% admitted at age 16 or older. During the period July 1st through December 31st 2001 the same trend is repeated: of 244 clients only 27.4% were 15 years of age or younger at time of admission while 72.6% were 16 years of age or older. Above numbers do not include the West County Juvenile Drug Court client data.

- The profile of youth treatment clients in Contra Costa County parallel findings from the California Alcohol and Drugs Data Systems for 1999: of adolescents (ages 12-18) admitted to treatment, 44% started using alcohol and other drugs prior to 12 years of age. The average age of admission was 17, thus, on average, first treatment occurred after five years of AOD use[14].

3. Publicly Funded Services Clients and the Juvenile Criminal Justice System

- Thirty seven percent of national adolescent AOD treatment admissions were referred by the criminal justice system[15]. Also, national youth arrest rate for drug abuse violations between 1990 and 1999 was far greater for youth (132%) than for adults (29%)[16].

- In Contra Costa criminal justice youth referrals to AOD treatment constituted 57.4% of all referrals in fiscal year 2000-2001 and 55.3% during the period July 1st through December 31st 2001. These numbers don't include more than 120 youth referred by Probation to the West County Juvenile Drug Court since April 2001.

4. AOD Cost in Lives & Dollars is Inconsistent with Funding for AOD Treatment

- More than 100,000 deaths in the United States each year are attributable to excessive alcohol consumption[17].

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14 Adolescent Substance Abuse Treatment System of Care Alcohol and Drug Policy Institute Concept Paper. Sacramento, CA January 2002

15 1998 TEDS Data, SAMHSA Office of Applied Studies in National Leadership Institute ADAM Training: January 2002

16 FBI and US Bureau of Census in National Leadership Institute ADAM Training: January 2002

17 ibid 5 pp.18

- In 1995 health care spending associated with alcohol, tobacco and drug abuse was estimated at more than $414 billion dollars with smoking accounted for 70% of these costs. Alcohol abuse is the most costly, with the total bill to the nation estimated at $166.5 billion in productivity losses associated with illness and death costs in 1995 as compared to $109.9 billion for drug abuse, primarily crime costs, and $138 billion for tobacco's adverse health effects and premature deaths costs[18].

- The costs associated with alcohol and drug abuse are disproportionately attributable to people age 15 to 44 a consequence of higher prevalence of substance abuse problems and greater number of related deaths in these age groups[19]. Traffic crashes remain the single greatest cause of death among America's youth and young adults[20].

- Contra Costa annual allocation for Adolescent Treatment is only $300,000 but given the county's existing treatment capacity, this small amount of dollars remains insufficient not only to address the need, but much less, the development of a comprehensive treatment delivery system. Two years ago, thanks to advocacy on the part of the Alcohol and Other Drugs Advisory Board a decision by the Board of Supervisors "matched" state dollars with a one-time only allocation of $300,000 from unspent General Funds.

- To maximize resources the Division allocates Youth AOD Treatment funds (Baca) to pay for coordination of the West County Juvenile Drug Court and for residential services of some drug court clients. The Drug Court is a partnership between the Alcohol and Other Drugs Service Division, the Juvenile Court, the Mental Health Division and the Probation Department. Short Doyle Medical E.P.S.D.T. fees, a federal grant that ends next October, and a four-year grant from California Alcohol and Drug Program's Comprehensive Drug Court Initiative (CDCI) fund the Juvenile Drug Court treatment program. In July the CDCI will be used to develop a Juvenile Drug Court in East County.

- Youth AOD Treatment funds have allowed the Division to expand residential treatment capacity from eight to ten-fifteen beds. Because of funding constraints and the cost of residential bed days $225 per bed day, the length of stay in residential treatment is curtailed to 45 days. In cases were the youth needs more time in treatment, if the beds are not empty, the Division allows an extension beyond the 45 days. It is sad to say that clinically most of the youth in residential treatment need six to twelve months in program but again, fiscal constraints limit their length of stay to 45 days.

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18 ibid 5.pp. 18
19 ibid 5 pp. 18
20 ibid 5 pp. 50

- In fiscal year 00-01 out of 434 unduplicated clients only 10.6% participated in residential treatment services as compared to 97.2% in outpatient treatment. Although only one Youth and Family System of Care client participated in outpatient day care treatment all of the West County Juvenile Drug Court clients not included in the data also attended outpatient day care treatment.

- During the period July 1st through December 31st 2001 95% of 244 outpatient treatment clients 95.1% participated in intensive rather than regular treatment and almost 5% participated in residential treatment. During this period four West County Juvenile Drug Court clients also participated in residential treatment.

- Compare the cost of the treatment component of the West County Juvenile Drug Court, $300,000 a year to serve 40 unduplicated clients, that uses federal and state grant dollars and Short Doyle Medical E.P.S.D.T. fees with the youth AOD treatment annual allocation for Contra Costa County, $300,000 a year to serve youth that are not juvenile drug court clients in West County.

- For example, in FY 00-01 Baca dollars funded AOD treatment for 434 unduplicated clients. During the first six months of this fiscal year, youth AOD treatment dollars already provided AOD treatment to 244 unduplicated youth clients and their families. This figure includes residential treatment clients at a cost of $225 per bed day! Also, based on FY 02-03 service projections for the $300,000 annual allocation for youth AOD treatment the System of Care will only be able to provide about 110 outpatient slots to serve about 240 youth and their families. This is a significant decrease from the increased number of unduplicated clients served since the Youth Study findings raised awareness about the difficulties of access, utilization and capacity of youth AOD treatment in Contra Costa County.

- Previous examples demonstrate that the insignificant amount of dollars allocated to youth AOD treatment is not enough to respond to the public health epidemic of youth substance abuse[21] portrayed in the research studies cited in this report. There is a contradiction inherent in the significant disparity between prevalence and magnitude of the youth AOD problem depicted in these studies, the status of publicly funded youth AOD treatment services, and the dollar amount intended to fund development and expansion of youth AOD treatment and recovery services in the United States.

5. Addiction is a Family Disease and Recovery is a Process not an Event

- Among adult drinkers, 56% say they have a blood relative who is or was an alcoholic of problem drinker and 25% report that one or more parent was an

21 "Alcoholism is a Disease, Not a Rite of Passage" Press Release from the National Council on Alcoholism and Drug Dependence, Inc., New York: April 11, 2002

alcoholic or problem drinker --chronic or acute consumption of alcohol that results in social, legal, medical or other problems[22].

- Families with substance-abusing parents experience higher levels of violence, child neglect and abuse. These families have a higher risk of raising children who use alcohol and drugs themselves, have problems with delinquency, poor school performance and emotional difficulties[23].

- In 1996, three million children under age 18 lived with a parent who was dependent on illicit drugs, and six million lived with a parent who was dependent on alcohol. The increase of reports of child neglect and abuse in recent years seem to be directly related to illicit drug and alcohol use among parents[24]. Alcohol and drug abuse are significant factors in the placement of more than three-quarters of children entering foster care[25].

- Substance abuse is a chronic, relapsing health condition, so more than one treatment episode and one particular approach is required before improvements are achieved. Reductions in use or sustained remission are part and parcel of the recovery process. Treatment effectiveness is currently measure by reduced alcohol and drug use, decreased criminal activity, employment and improvement in school, better physical and mental health and fewer family problems[26].

- Community-based prevention approaches to raise public awareness and to combat the problems associated with substance abuse in neighborhoods go hand in hand with changing community norms to limit access and availability of alcohol and other drugs. Youth at risk for AOD and in AOD treatment need to be involved in education and activities that raise social consciousness and civic participation. Treatment and prevention services need to recognize that the AOD problem is more than an individual choice or a family consequence. This belief is crucial to the recovery process, a series of transitions from self-awareness to celebration of being and becoming our full potential.

Recommendations

I recommend that the State raise the current level of funding to adequately match the prevalence and magnitude of the youth AOD problem in California. Also, given the Contra Costa County experience I recommend that strategies to build a system of care to address the youth AOD problem adopts a philosophy of empowerment and resiliency rather than one of deviance and pathology to deal with what is indeed a public health issue embedded in our social fabric of life.

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22 ibid 5 pp. 62
23 ibid 5 pp. 62
24 ibid 5 pp. 62
25 ibid 5 pp. 63
26 ibid 5 pp. 109

I support the State's commitment to develop a comprehensive continuum of care inclusive of prevention, intervention, treatment and recovery services. The goal is to provide seamless transitions for youth and families impacted by AOD to change risks, to build resiliency and to recover health. Service delivery has to be inclusive and pro-active in its commitment to involve youth, families, school and communities as partners that support recovery in their own neighborhoods.

Establish service activities that include (1) early identification and treatment of youth alcohol and other drug use problems; (2) limiting access and availability of alcohol, tobacco and other drugs to minors; (3) changing school, community and cultural norms that perceive adolescent alcohol use as rites of passage; and, (4) promoting environmental factors that endorse recovery and limit access and availability of alcohol, tobacco and other drugs.

Promote a model "practice" predicated on building relationships between service provider and participant that is oriented towards social justice, empowerment and civic responsibility. This model demands commitment to culturally relevant community-based services for those more likely to be served by public funds, the poor and minority communities over represented in the criminal justice system. This approach requires community driven mapping assessments of existing resources, program design, staffing and practice that corresponds to the service population in terms of needs and resources specific to participant's ethnicity, culture, youth development, family characteristics, the type and number of connections with their community and other social institutions.

Develop management information system tools to (1) measure linkages between different components of the System of Care as a way to establish quality of services, efficient use of resources and cost savings; (2) statistical analysis of client profiles in residential treatment as compared to drug court, intensive and non-intensive outpatient treatment, and indicated prevention participants; (3) statistical analysis of cross-systems data collection criteria used to screen and assess youth that abuse alcohol and other drugs to identify levels of acuity, types of co-occurring disorders and criminal behaviors, resiliency and protective factors.

Request the State to require school districts to release findings from the California Healthy Kids Survey administered every year. Access to data and emphasis on collaborative planning on the part of the school districts could result in a more equal distribution of services based on need rather than on how easy access is to a particular school. Community norms and school "conspiracy" of silence when it comes to use, abuse and addiction to alcohol and other drugs threatens our nation's children and do not in any way challenge adolescent's difficulty in recognizing and admitting to having a substance abuse problem[27]

I want to close my testimony by sharing with you the vision of those afflicted by the disease of addiction that have embarked in the journey of recovery, a process that demands daily acts of courage and leaps of faith into uncharted territory. Some of these folks are members of the Contra Costa County Partners in Recovery Alliance (PIRA) a coalition of volunteers that have defined the vision of their organization in terms of civic actions. Three years ago PIRA members said that in order to change being “defined as the problem” they needed “to stand up and become the solution!” Their advocacy in behalf of Proposition 36, treatment in demand, sober living initiatives and the youth AOD treatment has achieved results and decreased the stigma of addiction in their lives. This is the kind of hope that I wish for all children as they learn to trust the future and build a better world.